Complete Summary

GUIDELINE TITLE

Anxiety disorders in patients with HIV/AIDS. Mental health care for people with HIV infection.

BIBLIOGRAPHIC SOURCE(S)

Anxiety disorders in patients with HIV/AIDS. In: Mental health care for people with HIV infection: HIV clinical guidelines for the primary care practitioner. New York (NY): New York State Department of Health; 2006 Mar. p. 1-8. [1 reference]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Anxiety disorders in patients with HIV/AIDS. In: Mental health care for people with HIV infection: HIV clinical guidelines for the primary care practitioner. New York (NY): New York State Department of Health; 2001 Mar. p. 59-68.

* * REGULATORY ALERT * *

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references drugs for which important revised regulatory and/or warning information has been released.

On July 1, 2005, in response to recent scientific publications that report the possibility of increased risk of suicidal behavior in adults treated with antidepressants, the U.S. Food and Drug Administration (FDA) issued a Public Health Advisory to update patients and healthcare providers with the latest information on this subject. Even before the publication of these recent reports, FDA had already begun the process of reviewing available data to determine whether there is an increased risk of suicidal behavior in adults taking antidepressants. The Agency has asked manufacturers to provide information from their trials using an approach similar to that used in the evaluation of the risk of suicidal behavior in the pediatric population taking antidepressants. This effort will involve hundreds of clinical trials and may take more than a year to complete. See the FDA Web site for more information.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus infection/acquired immune deficiency syndrome (HIV/AIDS)
- Anxiety disorders, including:
  - Panic attacks and disorder
  - Phobias
  - Generalized anxiety disorder
  - Obsessive-compulsive disorder
  - Acute stress disorder
  - Post-traumatic stress disorder
  - Adjustment disorder with anxious mood

GUIDELINE CATEGORY

Diagnosis
Management
Treatment

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice
Infectious Diseases
Internal Medicine
Psychiatry
Psychology

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To provide guidelines for diagnosis and treatment of anxiety disorders in patients with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) in primary care settings

TARGET POPULATION

Patients with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) in primary care settings with suspected anxiety disorder

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Consideration of signs and symptoms
2. Distinguishing among anxiety disorders and excluding underlying medical conditions such as human immunodeficiency virus (HIV)-related central nervous system disease, endocrinopathies, cardiovascular and other conditions that may cause anxiety
3. Reviewing patients' medication regimens and obtaining a thorough substance use history

Treatment/Management

1. Referring patients who use substances or whose anxiety is persistent or severe and does not respond to standard treatment to mental health professionals
2. Providing psychological support
3. Medications, including benzodiazepines, selective serotonin re-uptake inhibitors (SSRIs), and tricyclic antidepressants

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The Human Immunodeficiency Virus (HIV) Guidelines Program works directly with committees composed of HIV Specialists to develop clinical practice guidelines. These specialists represent different disciplines associated with HIV care, including infectious diseases, family medicine, obstetrics and gynecology, among others. Generally, committees meet in person 3 to 4 times per year, and otherwise conduct business through monthly conference calls.

Committees meet to determine priorities of content, review literature, and weigh evidence for a given topic. These discussions are followed by careful deliberation to craft recommendations that can guide HIV primary care practitioners in the delivery of HIV care. Decision making occurs by consensus. When sufficient evidence is unavailable to support a specific recommendation that addresses an important component of HIV care, the group relies on their collective best practice experience to develop the final statement. The text is then drafted by one member, reviewed and modified by the committee, edited by medical writers, and then submitted for peer review.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Key Point:

Patients with limited social support may be particularly susceptible to developing anxiety symptoms.

Clinical Presentation

Clinicians should consider the diagnosis of an anxiety disorder when a patient presents with common somatic symptoms, such as chest pain, diaphoresis, dizziness, gastrointestinal disturbances, and/or headache, for which no underlying medical etiology can be established.

Diagnosis

Differential Diagnosis

Other Mental Health Disorders and Medical Conditions

Clinicians should exclude other mental health disorders in patients who present with anxiety.

Clinicians should exclude medical conditions, including human immunodeficiency virus (HIV)-related central nervous system disease, in patients who present with anxiety.

Clinicians should review medication regimens and substance use history in patients with anxiety.

Refer to Table 1 in the original guideline document for medications that may cause anxiety-like symptoms in HIV patients.

Anxiety Disorders

See Figure 1 in the original guideline document for a structured approach to distinguishing among anxiety disorders.

Management of HIV-Infected Patient with Anxiety Disorders

Clinicians should refer patients with symptoms of anxiety to a psychiatrist for evaluation and possible ongoing treatment when:

- Anxiety symptoms do not respond to standard pharmacologic treatment or basic supportive/behavioral interventions.
- The diagnosis of an anxiety disorder is difficult to establish
- Anxiety is persistent or severe.
- Patients with obsessive-compulsive disorder have intrusive or disturbing thoughts or compulsive rituals that are poorly controlled with the current medication or that cause the patient marked subjective distress.
- Anxiety occurs in patients with a significant substance use history or in those who are actively using substances.

Psychological/Supportive Intervention in the Primary Care Setting

Refer to the original guideline document for a discussion of specific supportive strategies.

Key Point:

Basic supportive and behavioral interventions are sufficient to alleviate anxiety in certain patients.

Pharmacologic Interventions in the Primary Care Setting

Clinicians should be familiar with the safety profiles of medications used to treat anxiety and how these medications may interact with those used in the treatment of HIV disease. (Refer to Table 1 in Appendix I of the companion document: Interactions Between HIV-Related Medications and Psychotropic Medications: Indications and Contraindications.)

General Principles in the Pharmacologic Treatment of Anxiety Disorders and Their Symptoms

No single medication will treat the spectrum of symptoms seen in patients with anxiety disorders. The following general principles will help determine the pharmacologic intervention that is most likely to be helpful (see Table, below).

- Panic Attacks/Panic Disorder--In general, while symptomatic relief for patients experiencing panic attacks can usually be accomplished with the short-term use of benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) are the treatment of choice because they effectively prevent panic attacks from recurring. Given the morbidity associated with ongoing panic attacks, it is important to give prophylaxis to prevent recurrence. Venlafaxine is also effective in preventing panic attacks, as well as the tricyclic antidepressants, but the latter are limited in their usage due to their side-effect profiles and potential for drug-drug interactions.
- Generalized Anxiety Disorder--Patients with chronic anxiety, consistent with generalized anxiety disorder, may require long-term therapy with medication. Buspirone should be considered because it is an effective anxiolytic that has no potential for abuse, which is particularly important for patients with a

history of substance use. The SSRIs and venlafaxine can also be effective in some patients with persistent anxiety. Although some patients may experience relief sooner, the onset of action of buspirone (3-6 weeks) and SSRIs (2-4 weeks) may necessitate the short-term use of benzodiazepines; however, these should be used with caution, because of the potential for dependence in some patients.

- Adjustment Disorder--Short-term symptomatic relief may be helpful in some patients. A time-limited use (2-4 weeks) of benzodiazepines prescribed on a daily or as-needed basis can be effective.
- Post-Traumatic Stress Disorder (PTSD)--See the National Guideline Clearinghouse (NGC) summary of the New York State Department of Health AIDS Institute guideline Trauma and Post-Traumatic Stress Disorder in Patients with HIV/AIDS.
- Insomnia--Insomnia is an important symptom to treat because it often causes impaired daily function. If an underlying medical etiology or chemical cause has been excluded, insomnia should almost always be considered a symptom of an underlying psychiatric disorder (major depression, adjustment disorder, generalized anxiety disorder, PTSD). Diagnosis and treatment of the underlying condition is essential and often results in resolution of the insomnia. Nonpharmacologic approaches to treating insomnia should be tried before prescribing medications. See Chapter "Somatic Symptoms" in the original guideline document for recommendations on treating insomnia.

Table. Commonly Used Psychotropic Medications in the Treatment of Anxiety Disorders and Anxiety Symptoms

Disorder or Symptom	Medication or Medication Class
Panic disorder	SSRIs • Citalopram • Escitalopram • Sertraline • Paroxetine • Fluoxetine Tricyclics • Nortriptyline • Desipramine • Doxepin • Imipramine Benzodiazepines • Lorazepam • Alprazolam • Clonazepam Other

Disorder or Symptom	Medication or Medication Class
	• Venlafaxine
Generalized anxiety disorder	Buspirone SSRIs (listed above)
Obsessive-compulsive disorder	SSRIs (listed above) Other • Fluvoxamine • Clomipramine • Venlafaxine
Adjustment disorder with anxious mood	Benzodiazepines (listed above)
Insomnia*	Zolpidem Benzodiazepines (listed above) and temazepam Other • Trazodone • Doxepin
PTSD	SSRIs (listed above)**
Major depression with significant anxiety***	SSRIs (listed above) Benzodiazepines (listed above) Other • Venlafaxine • Tricyclics (listed above)

*Nonpharmacologic approaches should be attempted before treatment with medication. See Chapter "Somatic Symptoms" in the original guideline document.

**Sertraline and paroxetine are the only U.S. Food and Drug Administration (FDA)-approved medications for PTSD. However, all SSRIs (in the same doses used for depression) are helpful in treating symptoms of depression and anxiety. See the NGC summary of the New York State Department of Health AIDS Institute guideline Trauma and Post-Traumatic Stress Disorder in Patients with HIV/AIDS.

***See NGC summary of the New York State Department of Health AIDS Institute guideline Depression and Mania in Patients with HIV/AIDS.

Treatment of Anxiety Disorders in Substance Users

Primary care clinicians should coordinate with a psychiatrist and/or addiction specialist when managing anxiety disorders among patients with substance use disorders. A psychiatric evaluation of these patients should be performed.

Clinicians should discuss the long-term risks of dependence, withdrawal, and abuse, as well as the intended course of treatment, with patients with substance use disorders or a history of substance use disorders before benzodiazepines or other controlled substances are used to treat an anxiety disorder.

Clinicians should make the decision to withhold benzodiazepines on a case-by-case basis, weighing the risks and benefits for patients with substance use disorders.

CLINICAL ALGORITHM(S)

An algorithm is provided in the original guideline document for "Distinguishing Anxiety Disorders."

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis and management of anxiety disorders in patients with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)

POTENTIAL HARMS

- Benzodiazepines should be used with caution because of the potential for dependence and abuse in some patients.
- The use of tricyclic antidepressants is limited due to their side-effect profile and potential for drug-drug interactions.

Refer to Table 1 in Appendix I (see "Availability of Companion Documents" field) for interactions between HIV-related medications and psychotropic medications: indications and contraindications.

CONTRAINDICATIONS

CONTRAINDICATIONS

Refer to Table 1 in Appendix I (see "Availability of Companion Documents" field) for a list of contraindicated drug combinations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Following the development and dissemination of guidelines, the next crucial steps are adoption and implementation. Once practitioners become familiar with the content of guidelines, they can then consider how to change the ways in which they take care of their patients. This may involve changing systems that are part of the office or clinic in which they practice. Changes may be implemented rapidly, especially when clear outcomes have been demonstrated to result from the new practice such as prescribing new medication regimens. In other cases, such as diagnostic screening, or oral health delivery, however, barriers emerge which prevent effective implementation. Strategies to promote implementation, such as through quality of care monitoring or dissemination of best practices, are listed and illustrated in the companion document to the original guideline (HIV clinical practice guidelines, New York State Department of Health; 2003), which portrays New York's HIV Guidelines Program. The general implementation strategy is outlined below.

- Statement of purpose and goal to encourage adoption and implementation of guidelines into clinical practice by target audience.
- Define target audience (providers, consumers, support service providers).
    - Are there groups within this audience that need to be identified and approached with different strategies (e.g., HIV Specialists, family practitioners, minority providers, professional groups, rural-based providers)?
- Define implementation methods.
    - What are the best methods to reach these specific groups (e.g., performance measurement consumer materials, media, conferences)?
- Determine appropriate implementation processes.
    - What steps need to be taken to make these activities happen?
    - What necessary processes are internal to the organization (e.g., coordination with colleagues, monitoring of activities)?
    - What necessary processes are external to the organization (e.g., meetings with external groups, conferences)?
    - Are there opinion leaders that can be identified from the target audience that can champion the topic and influence opinion?
- Monitor progress.
    - What is the flow of activities associated with the implementation process and which can be tracked to monitor the process?
- Evaluate.
    - Did the processes and strategies work?
    - Were the guidelines implemented?
    - What could be improved in future endeavors?

IMPLEMENTATION TOOLS

Clinical Algorithm
Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Anxiety disorders in patients with HIV/AIDS. In: Mental health care for people with HIV infection: HIV clinical guidelines for the primary care practitioner. New York (NY): New York State Department of Health; 2006 Mar. p. 1-8. [1 reference]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Mar (revised 2006 Mar)

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

GUIDELINE COMMITTEE

Mental Health Guidelines Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Anxiety disorders in patients with HIV/AIDS. In: Mental health care for people with HIV infection: HIV clinical guidelines for the primary care practitioner. New York (NY): New York State Department of Health; 2001 Mar. p. 59-68.

GUIDELINE AVAILABILITY

Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- HIV clinical practice guidelines. New York (NY): New York State Department of Health; 2003. 36 p. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix I: interactions between HIV-related medications and psychotropic medications: indications and contraindications. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix II: HIV-related causes of psychiatric symptoms: differential diagnosis. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix III: rating scales. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix IV: mental health care resources in New York State. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix V: syringe access resources in New York State. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix VI: permanency planning and transitional services. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on May 5, 2005. It was updated by ECRI on April 13, 2006.

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